## **Prelicensing/Continuing Education Program Out-of-State Provider Jurisdiction Agreement**

446-40 (Rev. 8/2001)

**Producer Licensing Bureau, Education Section** 

320 CAPITOL MALL SACRAMENTO, CA 95814-4309 Information (916) 492-3064

	<b>DEPARTMENT USE ONLY:</b>	
* This form must be completed by every provider and provider applicant whose head office is located outside of California.	Provider Number	
	Date Received	
Provider Number (if none, mark "pending"):	Date:	
Provider Name:	Telephone:	
Address: Street City		
Street City	State Zip	
On behalf of the above named provider, I stipulate and agree:  (a) That in any action or special proceeding brought against the	a provider in the State of California, any dea	
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process may be served on the commissioner with the same effect as	s though served upon the provider, and such	servi
process may be served on the commissioner with the same effect as will give jurisdiction over the provider to the same extent as if the provider t	s though served upon the provider, and such provider were a resident of the State of Cali- ler against the Insurance Commissioner of the	servio fornia.
process may be served on the commissioner with the same effect as will give jurisdiction over the provider to the same extent as if the provider t	s though served upon the provider, and such provider were a resident of the State of California der against the Insurance Commissioner of the sco or in the County of Los Angeles.  Commissioner in the City of San Francisco er to show cause, or subpoena issued by the nail, certified and postage prepaid, in a covernmissioner, such deposit in mail being 31 or see, and that in the event of failure so to appe	service fornia.  ne State or in the service or more
process may be served on the commissioner with the same effect as will give jurisdiction over the provider to the same extent as if the provider to the provider to the provider to the City and County of San Francis (c)  That the provider will appear at the Office of the Insurance City of Los Angeles at any time, pursuant to notice of hearing, order commissioner, if such document is deposited in the United States in addressed to the provider at the last address filed by it with the company before the date specified in such document for such appearance	s though served upon the provider, and such provider were a resident of the State of California der against the Insurance Commissioner of the sco or in the County of Los Angeles.  Commissioner in the City of San Francisco er to show cause, or subpoena issued by the nail, certified and postage prepaid, in a covernmissioner, such deposit in mail being 31 or see, and that in the event of failure so to appe	service fornia.  ne State or in the service or more